

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/541,808-Conf. #6115
	Filing Date	January 13, 2005
	First Named Inventor	Robert N. Hotchkiss
	Art Unit	1615
	Examiner Name	M. Woodward
	Attorney Docket Number	OBK-001.02

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;  
☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or  
☒ the practitioners of record associated with Customer Number: 25181

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)     | <input type="checkbox"/> 10.40(b)(3)                       | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii)                  | <input type="checkbox"/> 10.40(c)(1)(iv)        |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2)                       | <input type="checkbox"/> 10.40(c)(3)            |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)     | <input type="checkbox"/> 10.40(c)(6) Please explain below: |   |

#### Certifications

**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

We received transfer instructions on June 30, 2009 and transferred all papers and property to which the client is entitled to new counsel on July 1, 2009. We reminded the client, and notified new counsel, of the July 22, 2009 deadline.

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF CORRESPONDENCE ADDRESS**

**Complete the following section only when the correspondence address will change.** *Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.*

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

**OR**

B. ☒ Inventor or Assignee Name Robert N. Hotchkiss, M.D.

Address 144 Indian Head Road

City Riverside State CT Zip 06878 Country U.S.

Telephone 212.606.1964 Email

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature /SCOTT E. KAMHOLZ/

Name Scott E. Kamholz Registration No. 48,543

Address Foley Hoag LLP  
155 Seaport Blvd

City Boston State MA Zip 02210 Country US

Date July 8, 2009 Telephone No. (617) 832-1176

**NOTE: Withdrawal is effective when approved rather than when received.**